

Bridgwood Trust Limited

Wheatley Lane

Inspection report

21-25 Wheatley Lane
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection of Wheatley Lane took place on 18 January 2018 and was announced. We gave short notice of our inspection because we wanted to make sure we were able to meet people who used the service. The last inspection of this service was in April 2015 when the service was rated as good.

Wheatley Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Wheatley Lane comprises three two bedroom terraced houses which provide people with individual bedrooms and shared bathrooms, lounges and kitchens. The home is registered to provide accommodation for up to six people but only five beds were being offered for occupancy at the time of our inspection. On the day we inspected there were two people living in one of the houses and one person in each of the other two.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were not clear about events which needed to be reported under safeguarding procedures and we found some issues had not been reported as needed.

We found inconsistencies in risk management. We saw some risk assessments had been well completed and the risk managed well. However risk assessments had not always been put in place as needed.

Systems were in place to make sure the environment was safely maintained and infection control practices were robust.

Medicines were managed safely.

Staffing levels were appropriate to meet the needs of people. Safe recruitment procedures were followed and people who lived at the home were involved in the recruitment process. Staff received good support and staff told us the training was effective.

People were supported to have choice and control of their lives but we found little evidence of people being involved in the development or review of their care plans and care documentation lacked the person centred approach we observed staff deliver.

Where appropriate, the registered manager had made application for Deprivation of Liberty Safeguards (DoLS) authorisations. However specific conditions documented on the authorisations had not always been met. We recommended that systems be put in place to audit compliance with DoLS conditions to make sure

they were met.

People told us the food was good and they had plenty of choice.

We found people accessed health and social care services as needed.

Staff were considerate, caring and friendly in their approach. People told us they were very fond of the staff and that they were respectful of their privacy and dignity needs.

We found inconsistencies in care records. For example some care plans were detailed and up to date whilst others did not fully reflect people's needs, abilities, goals and aspirations. We also found a lack of documentation available in formats suitable to people who used the service. We recommended the approach to person centred care be reviewed to make sure care plans fully reflected people's current needs, goals and aspirations and the involvement of people living at the home.

People had access to a range of social and recreational activities within the home and the local community. People told us about clubs and activities they attended and how they were supported to make lifestyle choices. Transport was available to support people in accessing activities of their choice.

People were supported to maintain and make friendships.

Systems to audit the quality of service were in place but we found these were not always effective in identifying issues and therefore driving improvement.

We found two breaches of regulation in relation to safeguarding people and good governance. We made recommendations in relation to consent (management of DoLS authorisations) and person centred care.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff did not have a clear understanding of what might constitute abuse and potential safeguarding issues had not been reported appropriately.

People told us they felt safe at the home and staff were available in sufficient number to meet their needs.

Systems were in place to make sure the environment was safe.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People had access to nutritious diets. Although their healthcare needs were met, health action plans were not always appropriately completed, which meant health needs could be overlooked.

Conditions applied to Deprivation of Liberty Safeguards authorisations had not been fully complied with.

Staff had received induction and supervision but we found training was delivered in a way which may not be effective.

Requires Improvement ●

Is the service caring?

The service was caring but some improvements were needed.

Staff demonstrated a caring approach but further was required to make sure people's needs in relation to equality and diversity were fully met.

People's independence was promoted and respected.

People told us they were fond of staff and trusted them to care for them.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was responsive but some improvements were needed.

Staff demonstrated a person centred approach but this was not supported by care documentation.

Information accessible to people in a format which met their needs was minimal within the service.

A complaints procedure was in place but this was not available in easy read format. No complaints had been received.

Is the service well-led?

The service was not consistently well led.

People who lived at the home and staff had confidence in the registered manager.

Systems were in place to monitor the quality and safety of the service. However audits had not always identified where improvements were needed.

Requires Improvement ●

Wheatley Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 22 January 2018. Both days were announced. This was to make sure staff were available in the home when we visited. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We met the four people who were using the service. We spoke with the registered manager, an area manager, two support workers and a service co-ordinator.

We looked at two people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and living areas.

Is the service safe?

Our findings

People told us they felt safe at Wheatley Lane. One person told us that was because they knew staff were always there and they knew they could call them when they needed help or someone to talk to. Another person said "They (staff) make me safe".

We saw staff had received training from within Bridgewood Trust in relation to safeguarding and we saw the provider's safeguarding procedure on a noticeboard for staff to refer to. However, we found staff were not clear about what might constitute abuse. For example we saw in one person's records that their "bullying" had been discussed with health care professionals. When we asked the registered manager about this they told us the person had been bullying other people, one in particular. We asked if a safeguarding referral had been made in relation to this and the registered manager told us this had not been done.

We asked if risk assessments had been put in place for all of the people involved in the bullying and if the issue had been included in people's care plans. The registered manager told us this was not in place.

The registered manager also told us about how one person received verbal and physical abuse whilst out and about because of their appearance. This was included in the person's care plan but the care plan did not mention the need for safeguarding referrals. We saw no safeguarding referrals had been made in relation to this or the bullying.

This meant the service was not doing everything they could to protect people and demonstrates a breach of a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw where risk assessments were in place; these were detailed and gave information about what the risk was and what staff should do to mitigate the risk.

Only one accident had been recorded since the last inspection and we saw this had been managed appropriately. No incidents had been recorded since 2016.

Staff recruitment followed safe procedures ensuring all checks, were completed before people started work. People who lived at the home were involved in the staff recruitment process.

At the time of our inspection one member of staff was on duty over the twenty four hour period. During the night the member of staff slept in a room within the home and was contactable through an intercom system. The registered manager and service co-coordinator told us staffing was flexible to make sure people's needs were met. For example extra staff could be brought in to support people engaging in activities.

The home was well maintained, and nicely furnished. Maintenance certificates and safety checks were up to date. Personal emergency evacuation plans (PEEPs) were in place clearly outlining the individual support

each person required to vacate the building in an emergency.

Systems were in place to ensure effective infection control. People were encouraged and supported to clean and tidy their own bedrooms and living areas and we saw this was effective.

Safe systems were in place to make sure people received their medicines as prescribed. This included the ordering, storage, administration and recording of medicines. Where people managed their own medicines this was clearly recorded. Where people were prescribed medicines on an 'as required' (PRN) basis, protocols were in place detailing what the medicine was and when it should be used.

Is the service effective?

Our findings

During our visit a registered manager from another care home was visiting to assess the accommodation for one person living at their service who had expressed an interest in moving into Wheatley Lane. The registered manager told us this was the first step in assessing if the person's needs could be met at Wheatley Lane. They told us that if the accommodation was appropriate, the person would then visit to have a look at the home to meet staff and for staff to assess if they felt their needs could be met. A series of visits would be arranged for them to meet everyone. The registered manager said the views of the people living at Wheatley Lane would be an important part of the assessment process.

The registered manager told us that as well as following the provider's induction process, all new staff completed the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

We saw staff received supervision with their manager on a two monthly basis and the registered manager told us additional supervision would be arranged if needed. All staff also had an annual appraisal.

The registered manager told us training was organised and delivered by Bridgewood Trust. We looked at the training matrix which showed staff received training on an annual, twice yearly or three yearly basis. Annual training included moving and handling, fire safety, safeguarding and medicines. We saw the three yearly training covered thirteen subjects. Ten subjects were all delivered on one day and included epilepsy, end of life care, mental capacity act (MCA) Deprivation of Liberty Safeguards (DoLS), nutrition and hydration, equality and diversity and person centred care.

We were concerned that covering so many subjects in just one day would not be effective but staff we spoke with said they thought the training they received was good and if they felt it necessary they could request extra or specific training.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw one person had a DoLS authorisation in place with one condition. The condition required staff to make sure care plans were in place relating to medication and family contact and for best interest meetings and decisions to be recorded. We saw this condition had mostly been complied with but the registered

manager said they had misunderstood the condition in relation to one of the care plans.

We recommend that systems are put in place to audit compliance with DoLS conditions to make sure they are met.

We saw people were provided with information and support in order to make decisions. For example, a person assessed to have capacity was given extra support when making decisions about self-medicating and expenditure.

People were supported to make decisions about the meals provided and were involved in their preparation. People could choose to eat within their own living areas or together in one of the house kitchens. Menus were planned with the people living at the home. People had items for snacks and drinks available in their kitchens and could access these as they chose.

We saw one person's care plan said they had been seen by a dietician and gave reference to a document kept separately to the care plan. The registered manager told us the dietician had provided advice such as replacing fresh fruit juice with raisins. However, this was not detailed in the person's care plan.

We saw another person had a risk assessment and care plan in place in relation to their choice to ignore staff advice with regard to healthy eating. This meant the person's wishes were respected.

Care records we reviewed and our discussions with staff showed people were supported to access healthcare services such as the GP, dentist, optician, and mental health services. We also noted the particular support given to one person for a sensitive and personal issue.

Health action plans were in place but had not been effectively completed. For example, the 'Takes medication for' and 'Able to self-medicate' sections in one person's plan were blank but we had seen in their care plan they bought and self-administered pain killing medicines for headaches. The 'Medical history' section was also blank although we had seen the person had particular needs which would fall under this section. One health action plan said the person's GP wanted them to lose a little weight. The only action for this was '(person) to eat more salads' No follow up had been recorded.

Is the service caring?

Our findings

All of our observations during our inspection were of a caring and supportive approach from staff. Staff were kind and patient and had developed positive relationships with people and clearly knew them very well.

One person told us how much they cared for the staff, in particular their key worker and another person told us "They are good; I can go to them whenever I need to and they will help me."

We saw people's equality and diversity needs were considered and mostly supported. We saw that although one person's care plan clearly recorded their needs in relation to equality and diversity we saw the care plan stated they 'sometimes agrees' to compromise their diversity in order to conform to other people's preferences. We concluded that staff may not have considered ways in which they could more fully support the person's diversity needs.

People were encouraged and supported to stay in touch with their friends and families and new friendships were encouraged. For example on the day of the inspection one person was being supported to arrange for their friend to come to have tea with them.

However, we saw the documents titled 'Important people in my life' within care files were poorly completed. For example, family members were referred to for example as 'brother' or 'nephews' but did not include their names. Friends names were included there was no information about where the person knew them from or if they were in contact with them.

People involved in the person's healthcare were referred to as for example 'doctor', 'dentist' rather than their name. We noted these were not always up to date as a person named as a friend for one person had died some time before our inspection.

People's independence was promoted and respected. One person told us how they lived an almost independent lifestyle with support from staff as they needed it. They told us how staff respected their privacy and lifestyle choices.

Care plans included a statement on how privacy, dignity and respect must underpin all care practice.

We saw how easy read information had been used to assist one person in understanding and making a decision about a medical test. However, we saw little evidence of people being involved in the planning and review of their care and noted that none of the care documentation was available in easy read format.

Is the service responsive?

Our findings

Although people had up to date care plans in place there was little to demonstrate how people had been involved in the care planning process.

Care plans varied in demonstrating a person centred approach. Some were written in the first person and included detailed information whilst others contained little information. For example, one person's care plan in relation to bathing gave specific detail of their needs and choices in relation to the support they needed to bathe whilst another person's care plan relating to their needs under the heading of 'Religious and cultural, Diversity, Final Wishes' stated only 'I do not attend church'.

The registered manager told us about an issue presented by one person which required support from staff at the home and healthcare professionals. We saw this person also lived with a condition for which they took regular medication and had support from medical professionals. However we did not find any up to date information about either of these issues within the person's care plan.

Although our observations were of staff supporting people with a person centred approach this was not supported by documentation, which meant people's needs could be overlooked.

Both care plans we looked at included a section titled 'person centred plan and support to achieve goals'. However the only entry in both care plans in this section was 'Holiday 2018'. There was no information about the type of holiday the person would like to have and no other information about what goals the person may wish to achieve.

People had 'My Life' books but these were out of date and not in use.

Records were made of people's daily activities, support and well-being. However, these were often just tick lists. Staff referred to these records as 'Obs' and told us they completed them at the end of their shift. When we asked staff if people were involved in the completion of their daily records they told us they were not.

We recommend that the approach to person centred care is reviewed to make sure care plans reflect people's current needs, goals and aspirations and the involvement of people living at the home.

People had access to a variety of activities and were supported to engage in these on a daily basis. One person independently engaged in activities within the community and staff supported people to pursue interests and educational and employment opportunities where appropriate. On the day of our inspection one person told us they had been to a belly dancing class which they enjoyed, another person had engaged in activities outside of the home and two people had been out for shopping and lunch supported by a member of staff. People were due to go out to a club in the evening.

One person told us, with the support of staff, about how they had been looking at venues for their birthday party.

Each person had a diary in which staff supported them to keep mementoes of activities they had engaged in.

Information accessible to people in a format which met their needs was minimal within the service. For example we saw a 'What happens when we die' leaflet and information about how to keep safe in easy read format. However no other information or documentation was available in this format.

People did not have access to technology such as computers, laptops or tablets and there was no internet connection within the home.

A complaints procedure was available although this was not in a format suitable to the needs of people living at the home. The registered manager confirmed they had not received any complaints.

Is the service well-led?

Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager worked as part of the staff team but said they were given time to attend to managerial duties as required. We saw the registered manager had a good relationship with people who lived at the home and people told us they were fond of her.

Staff told us they had confidence in the registered manager and said they could approach them with any problems or issues.

We found the registered manager was reliant on senior managers for such as notifications to CQC and safeguarding referrals as they did not have any access to any on-line facility such as internet or email. This also restricted the registered manager's ability to access such as the CQC website to look at updates and information relevant to their role and in researching information to support people living at the home.

We saw systems for auditing the quality and safety of the service were in place. This included daily checks of such as fridge and freezer temperatures and cleaning standards and monthly internal inspections completed by the service co-ordinator.

However, we found the audits were not always fully completed and had not identified some of the issues we found during our inspection. For example we saw the monthly audit asked if 'Life books' and person centred plans were in place. We had seen 'Life books' were not being used and those in place were very out of date.

Our findings in relation to some care documentation being out of date and poorly completed, failure make sure conditions on DoLS authorisations had been met and the lack of referral to safeguarding had not been identified through auditing.

This had the potential to directly impact on the wellbeing of people who lived at the home and demonstrated a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw regular meetings for staff and for people who lived at the home took place and minutes were available.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding issues had not always been appropriately reported and risk assessments were not always in place to manage and mitigate risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for auditing were not robust and had failed to identify issues which could have impact on peoples well-being.